

NOTARISED PARENTAL CONSENT

PARENT

NAME

DOB

ADDRESS, PHONE NUMBER

PARENT

NAME

DOB

ADDRESS, PHONE NUMBER

We, the undersigned, _____

(name, date of birth, passport details, address) and

(name, date of birth, passport details, address),

authorize our son/daughter, _____

(name, date of birth, passport details, address),

to travel to Canada for the period from _____ to _____.

Adoption of our son/daughter, _____ *(name)*,
in Canada is not permitted.

Date

Signatures of parents

Declaration and stamp of Notary Public

SAMPLE